PART B -FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 APPLICATION NO. FILING DATE FIRST NAMED INV				ED INVENT	Fee(s) Transmi papers. Each achave its own ce I hereby certify States Postal S addressed to the Aaron /Aaron June 15	ittal. This certificate cannot be diditional paper, such as an alertificate of mailing or transmost. Certificate of Mailing of the vertificate of Mailing of the vertificate of Mailing of the thing that this Fee(s) Transmittal ervice with sufficient postage he Mail Stop ISSUE FEE he USPTO (571) 273-2885, of S. Eckenthal S. Eckenthal S. Eckenthal ATTORNEY DOCKET N	or Transmission I is being deposited with the United the for first class mail in an envelope address above, or being facsimile the date indicated below. (Depositor's name) (Signature) (Date)
08/999,752	06/04/1997	06/04/1997		Fiona Catherine Millar		TEVNHC 3.0-200	4312
TITLE OF INVENTION: MEDICINAL AEROSOLS AND METHODS OF DELIVERY THEREOF							
APPLN. TYPE	SMALL ENTITY	ISSUE	FEE	PUBLICA	TION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510	0.00			\$1,510.00	08/29/2009
EXAMINER		ART UNIT		CLASS-SUBCLASS			
S. T. Tran		161					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Lerner, David, Littenberg, Krumholz & Mentlik, LLP				
3. ASSIGNEE NAME A			TED ON TH	IE PATENT (print or type)		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Norton Healthcare Limited United Kingdom							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
x Issue Fee	A check in the amount of the fee(s) is enclosed.						
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
Advance Order -# of Copies X The Director is hereby authorized by charge the required fee(Deposit Account Number 12-1095						(s), or credit any overpayment, to	
5. Change in Entity Sta	tus (from status indicate	d above)	_	_			
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
	Publication Fee (if require	d) will not be ac	ccepted from a			viously paid issue fee to the a nt; a registered attorney or ag	application identified above. Sent; or the assignee or other party in
Authorized Signature /Aaron S			Eckenthal/			Date	June 15, 2009
Typed or printed name Aaron S			. Eckenthal			Registration No.	58,891